

With Dr Douglas MacLagan's Comp.

CASE OF A MAN

WHO PASSED

FOURTEEN LARGE INTESTINAL CONCRETIONS:

WITH REMARKS.

By R. TURNER, ESQ., SURGEON, KEITH.

AND

AN ACCOUNT

OF THE

CONSTITUTION OF THE CONCRETIONS;*

WITH NOTICES OF SIMILAR CASES.

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CASE OF A MAN WHO PASSED FOURTEEN LARGE INTESTINAL CONCRETIONS:

WITH REMARKS.

About the beginning of July 1840, I was requested to visit A. G., aged 41, of sober and industrious habits, and the father of a numerous family. He resides at the distance of twelve miles from this place.

I found him much emaciated, with a haggard, anxious expression of countenance, indicative of great suffering. A large, round, hard tumor, not very moveable, could be distinctly felt through the abdominal parietes, situated partly in the epigastric, and partly in the umbilical region, and inclining a little towards the left side. No inequality or depression was distinguishable in any part of it. A slight degree of pressure over it caused uneasiness, and the patient informed me that he was subject to frequent paroxysms of pain in this situation, shooting to the back, of great violence, and accompanied by a sensation as if of a cord bound tightly round the body, a little above the umbilicus. These attacks generally took place from one to two hours after his meals, and no relief was obtained till a portion of the contents of the stomach was ejected. On the evening before my visit, he had a severe attack of this kind, which lasted upwards of half-an-hour. He had been rapidly losing flesh during the five preceding weeks, and his appetite was now almost gone. The pulse was about 110, and thready. The tongue had an inflamed, glossy appearance, and the papillæ on its edges were enlarged and tender. The bowels had not been moved since four days previously, when he had a scanty watery evacuation. He also stated that, within the last twelve months he had been subject to occasional attacks of hiccup, and that a fortnight before, he had one, which continued almost without intermission, for four days and nights. This was succeeded by very fetid eructations, after which he gradually returned to his former state. His rest was at all times much disturbed, and often, for many nights in succession, he was not conscious of having slept at all.

In answer to my inquiries respecting his state of health, and mode of living, before the commencement of his present illness, he informed me that he had been constantly employed, from an early period of his life, as a farm servant, or in cultivating the small piece of land which he then occupied, and had scarcely ever lost a day's work by sickness, until about nine years before, when he was seized rather suddenly with pain in the left side. This his medical adviser ascribed to the patient's having drunk plentifully of cold water, while over-heated in the field. Bleeding, purging, &c., were had recourse to, and, whatever the nature of the affection was, within a week or ten days he had completely recovered from it.

From this time, his health continued good, till four years ago, when he had a mild attack of influenza, then prevalent. This was followed by obstinate costiveness; three, four, and five days, and sometimes even a week, always elapsing without a dejection, and this notwithstanding the frequent use of senna, castor oil, Epsom salts, and other purgatives. After a few weeks, diarrhoea occurred, and the one state alternated with the other, till about September 1837, when the bowels became somewhat more regular. He had, however, frequent abdominal pains, and was also much annoyed with fetid gaseous eructations. In January 1838, an enema of gruel and salt was given him, for an occasional attack of costiveness; and he remembers having heard the midwife, who administered it, remark, that two or three "balls like pistol bullets" had been brought away. About this time he began to experience a constant uneasiness, scarcely at first amounting to pain, in the left side. This, however, continued gradually increasing, and, about the end of February or beginning of March of last year, he became aware of the presence of a tumor in the situation above described. When first discovered, its size appeared to be about that of a turkey's egg. When I visited the patient four or five months after, the tumor was at least four or five times as large.

Believing the case to be enlargement, and that probably of a scirrhus nature, of the stomach, and that only palliative treatment could be beneficial, I ordered morphia to be given in moderate doses on the accession of the pain, drinks slightly acidulated with the aromatic sulphuric acid, a light unirritating diet, and wine, if it were found that its use did not increase suffering. I also directed an emollient elyster to be administered daily.

About a week after my visit, a message was brought me from the patient, to the effect that, since taking the medicine prescribed, he had enjoyed comparative ease, till that morning, when the swelling had all at once descended from where I felt it, to the anus, and was within reach of the finger. This change had given rise to a feeling of weight and straining, which was very distressing.

The real nature of the case now for the first time occurred to me; and, my engagements just then preventing my leaving home, I recommended the patient's former medical attendant to be summoned without delay, and the tumor extracted, if possible. Two days after, I again paid a visit to my patient, and found him relieved of his swelling, perfectly free from pain, and, although exceedingly weak, in good spirits. I learned from him the following particulars. The tumor, which descended to the anus on a Tuesday morning, was not removed till the morning of Thursday following; and, during the interval, the poor man's sufferings were agonising, from the cause already stated. A large concretion was first extracted, with a pair of common dressing forceps, and this was immediately followed by eight others. I had not an opportunity of seeing the largest, as it was not in the patient's possession when I called; but, from his description, I should imagine its size to have been twice that of a billiard ball; the others varied from the size of a hen's to that of a pigeon's egg. On that day week, as I was afterwards informed, other five concretions, the largest of which did not exceed in size a partridge's egg, were discharged,—making in all 14. The colour, form, and structure of these bodies resemble those described by authors; and, after the lapse of nearly a year from the date of their expulsion, they retain a strong alvine smell. A specimen has been sent for analysis to Dr Douglas Maclagan of Edinburgh, and the result of that gentleman's observations will, I understand, be laid before the readers of this Journal.

The diet of my patient is almost the same, at the present date, as at any former period of his life; and it does not differ materially from that of others in similar circumstances, in his district. Oatmeal forms the staple article in it,—barley meal is also used, but more sparingly. The patient has been accustomed to have three meals daily. The first, taken about 8 o'clock, A.M., almost invariably consists of oatmeal porridge, and cow's milk. The hour for the second meal is 2 o'clock, P.M. This is subject to greater variation, being sometimes composed of boiled greens, mixed with oatmeal, and cakes, made with a mixture of oat and barley meal—at other times of potatoes, boiled and mashed, with milk, or of sowens (prepared, as some readers may require to be told, from the husk of oats,) or turnip brose, or kail-brose, into the composition of which two dishes oatmeal enters largely. Fish, too, in the season, may sometimes be seen on their humble dinner-table, as the district in question lies within two miles of the coast. Although most of the inhabitants rear poultry, it is either carried to market, or given to the *laird* as payment of part of their rents, so that fowl is indeed a "*rara avis*" at their board. Eggs are, for the same reason, a luxury which they very rarely enjoy. For some time during the illness of my patient.

however, eggs were almost his sole support. The *third* meal, of which I have spoken, is usually taken at 8 o'clock, p.m., and consists of porridge, sowens, potatoes, or eakes, and milk. The return of the Sabbath, in most families, gives occasion to the addition of a little tea to the morning meal; and the advent of Christmas is marked by the enlargement of their bill of fare, for perhaps a week, by the article mutton,—but beyond these, their simple plan of diet knows no interruption.

The foregoing case, it is hoped, may prove not uninstruetive, in a practical point of view. In common with most others of the same kind, which have been put on record, it seems to countenance the opinion of Dr Mason Good, that “weakness and torpitude of the vermieular movement of the intestines,”¹ are concerned in the production of these concretions.

Here the disorder of the digestive organs would appear, from the patient's account, to have been at first of a very manageable kind; in faet, it is highly probable, that timely attention to diet, and adoption of treatment calculated to correct the functional disorder of the alimentary canal, and to strengthen its muscular coat, would have obviated the tendency to the formation of the conerctions.

In this case, it would not appear that the permanent stricture of the gut, below the situation of the foreign bodies, which dissection has sometimes revealed in the disease, had existed. But, that there was *spasmodic* constriction of the bowels at this part, seems not an unlikely supposition, from the effect produced by the morphia; for, immediately after the patient was brought fully under the influence of this drug, the greater part of the mass descended all at once to the lower end of the rectum, from a position considerably higher in the tube, and where it had been for a long time stationary.

Perhaps, the most important end which the publication of the present case can serve, is the *caveat* which it offers against the rash adoption of the formidable, and, in more than one recorded instance, fatal operation of cutting into the colon, for the extraction of intestinal concretions. If the difficulty of the diagnosis be not granted, in the case which came under the writer's own observation, and if its simulation of organic disease, with enlargement of the stomach, be denied; still the authority of the present Professor of Anatomy in the University of Edinburgh, can be adduced for the fact, that “indurated feces, tumors of the omentum or mesentery, incipient dropsy of the ovaria, and an unnatural position of the kidneys, may be most readily mistaken

¹ Study of Medicine, vol. i. p. 286. Ed. 1822.

for intestinal concretions.”¹ That Dr *Monro secundus*, was fully impressed with the uncertainty attending the diagnosis in this affection, may be inferred, from the language he employs in describing the operation in question. After detailing the first steps, he proceeds,—“with one hand press the forepart of the tumor, and with the finger of the other hand, *try whether you feel the tumors within the colon. If you think you do, make a small hole in the colon, and introduce a probe; and by that means make it certain that the balls are there, by touching them with it.*”²

Where more than one body can be felt through the walls of the abdomen, the uncertainty as to the nature of the complaint is, of course, lessened,—but, in the case under consideration, although, as we have seen, the balls were fourteen in number, all felt but as one mass.

Surely, then, the above considerations, together with the fortunate issue of the present case, notwithstanding its seeming hopelessness, must tend to establish the propriety of allowing the curative powers of nature a longer trial than has been accorded to them in the above passage.

I may add, that when I lately called upon my patient, for the purpose of recovering some particulars which had escaped my memory, I found him actively engaged in his usual employment out-of-doors. His health is completely re-established—his appetite good—bowels regular—and there is not the slightest tenderness or swelling of any part of the abdomen.

KEITH, *May* 1841.

¹ The Morbid Anatomy of the Gullet, Stomach, and Intestines, by A. *Monro*, M.D., F.R.S.E. Second edit. p. 53.

² Vide his Letter to Dr *Hall* of Edinburgh, op. cit. p. 49.

